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STATE OF CALIFORNIA

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SAFETY COMPLIANCE REPORT/  
TERMINAL RECORD UPDATE**

CHP 343 (Rev. 12-17) OPI 062

Page 1 of 8 pages

CARRIER LEGAL NAME <b>ALI B ZANJANI</b>	TERMINAL NAME (IF DIFFERENT) <b>ROYALTY LIMOUSINE</b>	TELEPHONE NUMBER (W/ AREA CODE) <b>(858) 922-7225</b>
TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE) <b>14414 POWAY ROAD, POWAY, CA, 92064</b>		
MAILING ADDRESS (NUMBER, STREET, CITY, ZIP CODE) (IF DIFFERENT FROM ABOVE) <b>14414 POWAY ROAD, POWAY, CA, 92064</b>		

**LICENSE, FLEET AND TERMINAL INFORMATION**

HM LIC. NO.	HWY REG. NO.	IMS LIC. NO.	TRUCKS AND TYPES	TRAILERS AND TYPES	PASS VEH BY TYPE I II 2 Mod Limo	DRIVERS 2	BIT FLEET SIZE
EXP. DATE	EXP. DATE	EXP. DATE	REG. CT.	HW VEH.	HW CONT.	PPB/CSAT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Powered Towed
TERMINALS IDENTIFIED IN SECTION 34515(b) CVC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			FILE CODE NUMBERS OF TERMINALS INCLUDED IN INSPECTION AS A RESULT OF SECTION 34515(b) CVC				

**EMERGENCY CONTACTS (In Calling Order of Preference)**

EMERGENCY CONTACT (NAME) <b>ALI ZANJANI</b>	DAY TELEPHONE NO. (W/ AREA CODE) <b>(858) 922-7225</b>	NIGHT TELEPHONE NO. (W/ AREA CODE) <b>(858) 486-4772</b>
EMERGENCY CONTACT (NAME) <b>FARIBA ZANJANI</b>	DAY TELEPHONE NO. (W/ AREA CODE) <b>(858) 776-2868</b>	NIGHT TELEPHONE NO. (W/ AREA CODE) <b>(858) 776-2868</b>

**ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL FOR LAST YEAR ( 2021 )**

A <input type="checkbox"/> UNDER 15,000	B <input checked="" type="checkbox"/> 15,001 - 50,000	C <input type="checkbox"/> 50,001 - 100,000	D <input type="checkbox"/> 100,001 - 500,000	E <input type="checkbox"/> 500,001 - 1,000,000	F <input type="checkbox"/> 1,000,001 - 2,000,000	G <input type="checkbox"/> 2,000,001 - 5,000,000	H <input type="checkbox"/> 5,000,001 - 10,000,000	I <input type="checkbox"/> MORE THAN 10,000,000
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**OPERATING AUTHORITIES OR PERMITS**

PUC <input type="checkbox"/> T	<input checked="" type="checkbox"/> TCP <input type="checkbox"/> PSC 16194	MOTOR CARRIER OF PROPERTY PERMIT ACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	IMS FITNESS EVALUATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
USDOT USDOT NUMBER 2678166	<input type="checkbox"/> MC <input type="checkbox"/> MX	REASON FOR INSPECTION ANNUAL T-BUS	

INSPECTION FINDINGS REQUIREMENTS VIOL	INSPECTION RATINGS: S = Satisfactory U = Unsatisfactory C = Conditional UR = Unrated N/A = Not Applicable			
	HAZARDOUS MATERIALS	CONTAINERS/TANKS	VEHICLES PLACED OUT-OF-SERVICE	TERMINAL
MAINTENANCE PROGRAM	1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 N/A 2 N/A 3 N/A 4 N/A	1 S 2 S 3 S 4 S
DRIVER RECORDS	No. 2 Time 1.0	No. 2 Time 1.0	No. 2 Time 1.5	TOTAL TIME 3.5
DRIVER HOURS	<input checked="" type="checkbox"/> No H/M Transported <input type="checkbox"/> No H/M violations noted	No. Time	VEHICLES	Units
BRAKES	REMARKS			
LAMPS & SIGNALS	Based on this inspection, a recommendation for approval of your operating authority will be forwarded to the Public Utilities Commission (PUC)			
CONNECTING DEVICES	SEE ATTACHED PAGES (PART B AND PART C) FOR INSPECTION FINDINGS, ACTIONS NECESSARY TO GAIN COMPLIANCE, DIRECTIVES AND VEHICLES DECLARED OUT-OF-SERVICE.			
STEERING & SUSPENSION				
TIRES & WHEELS				
EQUIPMENT REQUIREMENTS				
CONTAINERS & TANKS				
HAZARDOUS MATERIALS				

INSPECTION TYPE <input type="checkbox"/> I <input type="checkbox"/> R <input checked="" type="checkbox"/> NON-BIT	CPSS <input type="checkbox"/> Yes <input type="checkbox"/> No	CHP 345 <input type="checkbox"/>	CHP 100D COL. 8	INSPECTION DATE(S) 02/24/2022	TIME IN	TIME OUT
INSPECTED BY (NAME(S)) W. REIBER, MOTOR CARRIER SPECIALIST I	ID NUMBER(S) A16424			SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None		

**MOTOR CARRIER CERTIFICATION**

I hereby certify that all violations described hereon and recorded on the attached pages (2 through 8 ), will be corrected in accordance with applicable provisions of the California Vehicle Code and the California Code of Regulations. I understand that I may request a review of an unsatisfactory rating by contacting the Motor Carrier Safety Unit Supervisor at (858) 650-3655 within 5 business days of the rating.

CURRENT TERMINAL RATING <b>SATISFACTORY</b>	CARRIER REPRESENTATIVE'S SIGNATURE <i>Ali Zanjani</i>	DATE 02/24/2022
CARRIER REPRESENTATIVE'S PRINTED NAME ALI B ZANJANI	TITLE OWNER	DRIVER LICENSE NUMBER STATE

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